

## Analysis: An introduction to ethical concepts

### Mental disease

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A N Whitehead is often quoted, or misquoted, as saying that the whole later development of Western philosophy can be regarded as a series of extended footnotes to Plato. Certainly this general remark fits our present particular interest. For Plato was, I think, the first considerable thinker to compare and to contrast mental with physical disease; a comparison which was part of his development of the radically wrong-headed yet nowadays increasingly popular contention that all delinquency is an expression of psychological disorder.<sup>1</sup>

For Plato this false conclusion was a validly drawn corollary of the Socratic paradox that 'No one willingly does wrong'. If this were true, then all delinquencies would indeed either be or involve incapacities; the victims of these incapacities would need, and might themselves demand, expert Platonic Guardian help to rectify their condition; and those applying even drastic and disagreeable treatments could still be acting in the interests, and as the single-minded servants, of these their patients. In all this Plato was fully seized of the crucial and fundamental point that, if mental disease is to be admitted as a kind of disease, and if it is to be treated by doctors serving the interests of their patients as individuals rather than by persons with perhaps similar qualifications but acting as the instruments of some such many-headed collective monster as society or the state, then mental disease must necessarily and as such involve some sort of incapacity and/or discomfort in the persons thus afflicted. There is, of course, much more than this to the notion of disease. But so much at least is, surely, essential.

This granted then, the next question is: 'What distinguishes mental disease, mental health, mental deficiency, mental traumata, and so on, from their various physical analogues?' There are two obvious and not necessarily exclusive answers. First, as always when we speak of mental deficiency, the incapacities may be themselves mental. Mentally deficient children cannot learn as fast as their normally fortunate peers. Second, incapacities which can be themselves physical may be diagnosed as

being – though absolutely genuine incapacities – psychological in origin. Here the layman thinks first of compulsive motions and local paralyses afflicting so many of Freud's early patients<sup>2</sup>; incapacities which he diagnosed and treated as due not to any organic lesion but to unconscious motivation, and as such uncontrollable.<sup>3</sup>

It is the perspective opened in the three previous paragraphs which alone warrants the claim of the psychiatric disciplines to be component parts of medicine; and the claim too of their practitioners to that high respect, and to the other more material rewards, traditionally and properly accorded to the healing professions. This basic fact makes it all the more remarkable that so many of those now practising as psychiatrists should implicitly define the key concept of mental disease in terms of social deviance rather than individual incapacity; perhaps even going so far as explicitly to disown the despised 'medical model'. The most appalling effects of this repudiation of the Hippocratic ideal are confined within the Serbsky Institute for Forensic Psychiatry and other KGB controlled institutions. But the tendency to put down as mental disease what there is no sufficient reason to rate as disease at all seems to be very strong and very widely spread in many other happier lands, lands not yet subjected to that control.

Consider for instance, Dr Marie Jahoda's *Current Concepts of Positive Mental Health* (New York: Basic Books, 1958). It is unfortunate that no similar survey seems to have been made in this country, and more recently. But there is no reason to expect that British psychiatrists are in this matter very different from their American colleagues, or that the situation has improved in the last fifteen years. Dr Jahoda begins: 'There is hardly a term in current psychological thought as vague, elusive, and ambiguous as the term "mental health"... The purpose of this review is to clarify a number of efforts to give meaning to this vague notion'.<sup>4</sup>

She duly proceeds to classify and to discuss a great many such efforts. Yet, almost incredibly, she never once develops any comparisons between mental health as so conceived and physical health; and neither, it seems did any of the authorities from whom she quotes. It thus appears that none of the leading American psychiatrists, whose ideas of mental health and mental disease she was surveying, ever thought of those analogies with the physical

which can alone justify their assumption, and the universal public assumption, that psychiatry is a form of medical practice.

In England and Wales the Mental Health Act of 1959 defines 'mental disorder' as 'mental illness, arrested or incomplete development of mind, psychopathic disorder, or any other disorder or disability of mind'. This wretched definition embraces, without clear discrimination: both, on the one hand, mental illness and mental incapacity of all kinds; and, on the other hand, disorders or untowardness which do not necessarily involve any incapacities. For although it is, I suppose, possible that we are intended to construe the word 'disorder' as itself entailing incapacity, it is certainly not made clear that this is the intention. Nor is it generally true that all disorders involve incapacities. Those, for instance, who participate in hooligan rioting and other such disorders are not always or typically incapable of controlling themselves. In particular, it is not clear that those who are rated as psychopaths are thereby being said to be unable to desist from unruly behaviour. There would not be the difficulties which there often are in managing dangerous psychopaths confined in institutions if it were not for the fact that they may display a deal of forethought and self-control in implementing anti-social purposes.

The more that is learnt about psychology, and the greater the consequent possibilities of changing people by the application of that psychological knowledge, the greater the temptation to blur and to confuse the crucial differences here. The temptation for those who have to deal with all sorts of misfits and rebels is to try to transfer their more intractable problems into the often quite eager

hands of the psychiatric professions. If the rebel or the misfit is indeed mentally diseased, then psychiatric treatment to change him, to 'adjust' him to the needs and the wishes of other people, must be as much in his own interests as a patient as any other medical treatment is in the interests of the patient. But the soundness of this comfortable conclusion depends upon our speaking of mental disease only where there really is a very close analogy between the condition of the person spoken of as mentally diseased and that of the patient of a typical physical disease. The moral is that we must insist on speaking of mental disease: only when and where the proposed patient is himself complaining of some distress or incapacity; and never when and where the only complaints are about him and from or on behalf of other people. If these conditions are not satisfied, then the situation may still call for drastic action on or against the rebel or the misfit. Or it may call rather for some change in what he is rejecting or not fitting into. But certainly he cannot then be a proper case for medical treatment, as traditionally conceived.

## References

- <sup>1</sup>Plato, *The Republic*, paras. 441D ff. and Flew, Antony, (1973) *Crime or Disease?* London, Macmillan, New York, Barnes and Noble. Chap. 1, paras. 5-10.
- <sup>2</sup>Freud, S. (1933). Introductory lectures on Psychoanalysis, trans. Rivère, Joan, London, Allen and Unwin.
- <sup>3</sup>Flew, A. (1978). 'Motives and Freud's unconscious' in *A Rational Animal*, Oxford, Clarendon.
- <sup>4</sup>Jahoda, Marie. (1958). *Current Concepts of Positive Mental Health*, New York, Basic Books.